



#171 Ext of
Time
7-10-03
740107-135

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740107-135
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	In re Application of Nobuo SHIMAZU et al.	
	Application Number 09/732,927	Filed 12/11/2000
For MANUFACTURING METHOD OF MASK FOR ELECTRON BEAM PROXIMITY EXPOSURE AND MASK		
Group Art Unit 2881	Examiner K. Fernandez	

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____ on July 1, 2003.

Signature: K.M. McManus
Name: K.M. McManus

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|--|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410) | \$410.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970) | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$ _____ | |
| <input checked="" type="checkbox"/> A check in the amount of \$300.00 is enclosed. The \$110.00 one month fee was paid on May 23, 2003. | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380 (740107-135)</u> . I have enclosed a duplicate copy of this sheet. | |

I am the applicant/inventor

- | |
|---|
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> attorney or agent of record. |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____ |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

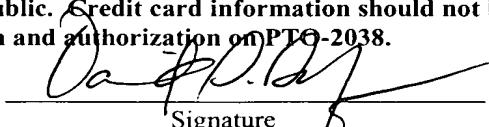
July 1, 2003

Date

07/03/2003 MBERHE 00000037 09732927

02 FC:1252

300.00 OP


Signature

David S. Safran, Reg. No. 27,997

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

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